

# Carderock Springs Elementary School Spring Fling Climbing Wall Permission Slip

\_\_\_\_\_ (parent's name) request that my child \_\_\_\_\_ be permitted to participate in the Climbing Wall Activity at Carderock Springs Spring Fling.

**SCHOOL NAME AND ADDRESS:**

Carderock Springs Elementary School, 7401 Persimmon Tree Lane Bethesda, MD 20817  
(301) 469-1034, Bethesda, MD 20817

CHILD'S NAME: \_\_\_\_\_

DATE : \_\_\_\_\_

**RELEASE OF CLAIMS**

As Parent/Guardian, I have voluntarily agreed, on behalf of my child, to participate in the above-identified activity. I understand that there are risks in my child's participation in this PTA-sponsored program. I hereby agree on behalf of my child to assume any and all risk of bodily injury or death, as well as any property damage, arising out of or caused by my child's participation in this activity. I hereby release the school and any of its affiliated organizations, agents, employees, and volunteers from all actions or claims that my child now have, or may hereafter have, for bodily injury or death, as well as property damage, resulting from my child's participation in this activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE SCHOOL AND ITS AFFILIATIONS OF MY OWN FREE WILL.

**BEHAVIOR EXPECTATIONS**

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel.

I agree to that I or my child **will hand in this completed form to the volunteer assigned to the Climbing Wall at the event** prior to having my child(ren) engage in this activity.

**SIGNATURES**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_ Phone: \_\_\_\_\_